INDEPENDENT CLAIMS 2 ANY MULTIPLE DEPENDENT CLAIMS? ()YES (X) NO TOTAL FILING FEE -> \_X\_

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 501-519. A duplicate copy of this sheet is enclosed

A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

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I hereby certify that the following is being deposited with the United States Postal "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to The Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Proposed Patent Application for SIEGFRIED BOCIONEK entitled "MEDICAL SYSTEM ARCHITECTURE WITH AN APPARATUS FOR THE ACQUISITION AND PLAYBACK OF CURRENT PHOTOGRAPHIC IMAGES OR IMAGE SEQUENCES", consisting of specification, claims, 2 Sheets of drawings, Certified Copy of German application 100 31 779.0, Attorney Docket No. P01,0208

Signature of person mailing application

Name of person mailing application